

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Durango, Colorado

March 3, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Continental Oil Company

Rattlesnake, Well No. 158

, in. NE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

K

, Sec. 12

T. 29N

R. 19W

Rattlesnake Dakota

Pool

Unit Letter

San Juan

County. Date Spudded. 1-24-64

Date Drilling Completed 2-4-64

Please indicate location:

Elevation 5378' GR

Total Depth 958' FBTD 928'

Top Oil/Gas Pay 804'

Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 804'-807' & 814'-818'

Open Hole _____ Depth _____ Casing Shoe 958' Depth _____ Tubing 800'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 18 bbls. oil, 145 bbls water in 24 hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 15,000# sand, 14,700 gals. water & 800# "ADOMITE AQUA" additive.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 3-1-64

Oil Transporter Four Corners Pipe Line Company

Gas Transporter _____

Remarks: No deviation survey - well drilled with cable tools. Perforations at 900'-912' & 833'-843' shut off with cast iron bridge plugs at 880' & 825'.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19_____

Continental Oil Company

ORIGINAL (Company or Operator)

By: FRED VAN MATRE
(Signature)

Title: District Engineer

Send Communications regarding well to:

Name: H. D. Haley

Address: Box 3312, Durango, Colorado

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title: Supervisor Dist. # 3

MSOCC(4) HDH RDP

